



05-14-01

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PTO/SB/05 (12/97)

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**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	LITD:0013	Total Pages	54
First Named Inventor or Application Identifier			
			Randall D. Blanchard

Express Mail Label No. EL 652 336 205 US

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (Submit an original, and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Specification Total Pages 33 (preferred arrangement set forth below)</p> <ul style="list-style-type: none"> -Descriptive -Cross References to Related Application -Statement Regarding Fed sponsored R & D -Reference to Microfiche Appendix -Background of the Invention -Brief Summary of the Invention -Brief Description of the Drawings (if filed) -Detailed Description -Claim(s) -Abstract of the Disclosure <p>3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) Total Sheets 4 Total Pages 12</p> <p>4. Oath or Declaration <ul style="list-style-type: none"> a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37CFR 1.63(d)) (for continuation/divisional with Box 17 completed) [Note Box 5 below] <ul style="list-style-type: none"> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting Inventor(s) named in the prior application, See 37 CFR 1.63(d)(2) and 1.33(b). </p> <p>5. <input type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a Copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.</p>		<p>6. <input type="checkbox"/> Microfiche Computer Program (Appendix)</p> <p>7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p> <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies 	
ACCOMPANYING APPLICATION PARTS			
<p>8. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (where there is an assignee)</p> <p>10. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>12. <input type="checkbox"/> Preliminary Amendment</p> <p>13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)</p> <p>14. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application Statement(s) Status still proper and desired</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>16. <input checked="" type="checkbox"/> Other (PTO-2038)</p>			
17. <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: /			

18. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label		<input checked="" type="checkbox"/> Correspondence address below	
(Insert Customer No. or Attach bar code label here)			
NAME	Michael G. Fletcher Fletcher, Yoder & Van Someren		
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FEE TRANSMITTAL

FEE TRANSMITTAL		Complete if Known	
		Application Number	Unassigned
		Filing Date	Herewith
		First Named Inventor	Randall D. Blanchard
		Group Art Unit	Unassigned
		Examiner Name	Unassigned
TOTAL AMOUNT OF PAYMENT	(\$)	1,416.00	Attorney Docket Number
			LITD:0013

METHOD OF PAYMENT (check one)					FEE CALCULATION (continued)																																																																																																																																																																																																																																																																																																																								
<p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number</p> <p>Deposit Account Name Fletcher, Yoder & Van Someren</p> <p><input type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance, 37 CFR 1.31(b)</p>					<p>3. 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<p>2. <input checked="" type="checkbox"/> Payment Enclosed:</p> <p><input type="checkbox"/> Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Other</p> <p style="text-align: center;">(PTO-2038)</p>					<p>Fee Calculation (fees effective 10/01/96)</p> <table> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>101</td><td>690</td><td>201</td><td>380</td><td>Utility filing fee</td><td><u>710.00</u></td></tr> <tr><td>106</td><td>330</td><td>206</td><td>165</td><td>Design filing fee</td><td>_____</td></tr> <tr><td>107</td><td>540</td><td>207</td><td>270</td><td>Plant filing fee</td><td>_____</td></tr> <tr><td>108</td><td>790</td><td>208</td><td>395</td><td>Reissue filing fee</td><td>_____</td></tr> <tr><td>114</td><td>150</td><td>214</td><td>75</td><td>Provisional filing fee</td><td>_____</td></tr> <tr> <td colspan="4" style="text-align: right;">SUBTOTAL (1)</td> <td style="text-align: right;">(\$ 710.00)</td> <td></td> </tr> <tr> <th colspan="6">2. CLAIMS</th> </tr> <tr> <td colspan="2"></td> <td>Extra</td> <td>Fee from below</td> <td>Fee Paid</td> <td></td> </tr> <tr> <td colspan="2">Total Claims <u>57</u> -20 =</td> <td><u>37</u></td> <td>X <u>18</u></td> <td>= <u>666.00</u></td> <td></td> </tr> <tr> <td colspan="2">Independent <u>3</u> - <u>3</u> =</td> <td><u>0</u></td> <td>X <u>80</u></td> <td>= <u>0.00</u></td> <td></td> </tr> <tr> <td colspan="6">Claims</td> </tr> <tr> <td colspan="6">Multiple Dependent Claims _____ X _____ = _____</td> </tr> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td>_____</td></tr> <tr><td>102</td><td>80</td><td>202</td><td>39</td><td>Independent claims in excess of 3</td><td>_____</td></tr> <tr><td>104</td><td>260</td><td>204</td><td>130</td><td>Multiple dependent claim</td><td>_____</td></tr> <tr><td>109</td><td>82</td><td>209</td><td>41</td><td>Reissue independent claims over original patent</td><td>_____</td></tr> <tr><td>110</td><td>22</td><td>210</td><td>11</td><td>Reissue claims in excess of 20 and over original patent</td><td>_____</td></tr> <tr> <td colspan="4" style="text-align: right;">SUBTOTAL (2)</td> <td style="text-align: right;">(\$ 666.00)</td> <td></td> </tr> <tr> <td colspan="6" style="text-align: right;">SUBTOTAL (3)</td> <td style="text-align: right;">(\$ 40.00)</td> </tr> </tbody></table>					Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	101	690	201	380	Utility filing fee	<u>710.00</u>	106	330	206	165	Design filing fee	_____	107	540	207	270	Plant filing fee	_____	108	790	208	395	Reissue filing fee	_____	114	150	214	75	Provisional filing fee	_____	SUBTOTAL (1)				(\$ 710.00)		2. CLAIMS								Extra	Fee from below	Fee Paid		Total Claims <u>57</u> -20 =		<u>37</u>	X <u>18</u>	= <u>666.00</u>		Independent <u>3</u> - <u>3</u> =		<u>0</u>	X <u>80</u>	= <u>0.00</u>		Claims						Multiple Dependent Claims _____ X _____ = _____						Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	103	18	203	9	Claims in excess of 20	_____	102	80	202	39	Independent claims in excess of 3	_____	104	260	204	130	Multiple dependent claim	_____	109	82	209	41	Reissue independent claims over original patent	_____	110	22	210	11	Reissue claims in excess of 20 and over original patent	_____	SUBTOTAL (2)				(\$ 666.00)		SUBTOTAL (3)						(\$ 40.00)																																																																																																																																																																													
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SUBMITTED BY				Complete (if applicable)	
Typed or Printed Name	Michael G. Fletcher	Reg. Number	32,777		
Signature		Date	05/11/01	Deposit Acct. User ID	